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REVOCATION OF POWER OF	Application Number		se see Sct			
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ATTORNEY WITH NEW POWER OF ATTORNEY	First Named Inven	tor Plea	ise see Sch	redule A		
AND	Art Unit	Plea	se see Sc	nedule A		
CHANGE OF CORRESPONDENCE ADDRESS	Examiner Name	Plea	se see Sch	nedule A		
	. Attorney Docket N	umber MIY	-GIP-001			
I hereby revoke all provious powers of attorney	given in the above	identified ap	pilcation.			
A Power of Attorney is submitted herewith OR X I hereby appoint the practitioners associated the correspondence addr.	ited with the Custon			9517		
x Prease change the correspondence addi	x Please change the correspondence address for the above-identified application to:					
The address associated with Customer Number:	23517					
Firm or Individual Name						
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Country St	el e		Zip			
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I am the: Applicant/Inventor, Assignee of record of the entire Interest, Statement under 37 CFR 3.73(b) is encir	sed. (Form PTO/S					
A GHATURE of	Applicant or Assi	gnee of Rec	ord	<u> </u>		
Signature						
Name Jeff Z Martin						
Assistant Secretary, Boston Se	dentific Sclmed, I	nc.				
Date UML 22, 7,000	7	elephone	508/	652-5955		
NOTE: Signatures of all the triventors of essaignees of reco forms if more than one algositu(p) is required, see below.	o learnini etime enti la biv	r their represente	live(s) are requ	ired. Submit multiple		

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PTO/SB/S6 (10-07)

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Under the Peperwork Reduction Act		ond to a collection of information un	iess il displaya e velid OMB control numbe
	STATEMENT UND	R 37 CFR 3.73(b)	
4P	Pan Bahadula A		
Applicant/Patent Owner:	See Schedule A		
Application No/Patent No.:	See Schedule A	Filed/Issue Date;	See Schedule A
Parkers. Con Cabodulo A			
Entitled: See Schedule A	alacad bas	Corpor	mtina
Boston Scientific S (Name of Assignee)	Cimed, Inc. , a	Y Assignes, e.g., corporation, parene	ration nihip, university, government agency, etc.)
states that It is:			
1. X the assigned of the	entire right, title, and interest; o	r	
2. En essionee of less	than the entire right, Illie and it	terest	
·	entage) of its ownerable intere		
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	, or for which a copy there		 '
OR	_		
B. X A chein of title from the	Inventor(s), of the petent applica	dion/palent identified above,	to the current assignee as follows:
1. From: See Alt		Yo;	
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Reel	, Frame	, or for which a copy (nereor is attached.
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3. From:	was recorded in the United S	To:	de Office et
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Additional docum	ents in the chain of title are t	sled on a supplemental si	heeL
	3.73(b)(1)(l), the documentary mently is being, submitted for n		
	y (i.e., a true copy of the origin accordance with 37 CFR Part 3		
The undersigned (whose this	euppiled below) is aumoriz	ed to act on behalf of the	20 - 0
	Signature		Date 22, 2005
	iff Z. Mann		508/652-5955
	or Typed Name		Telsphone Number
Assl	stant Secretary		
	Title	11'11 and 11 and	

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Schedule A

JUN 2 5 2009

Attorney Docket No.:	MIY-P03-024	Client Ref. No.: 02-401US4
Applicants:	Chu et al.	
Application No.:	10/642,365	
Filed:	August 14, 2003	
Title: SYSTEMS, ME	THODS AND DEVICES RELA	TING TO DELIVERY OF MEDICAL IMPLANTS
Chain of Title From:	Chu et al. To: Scim	cd Life Systems, Inc.
Recordation Date:	February 25, 2005	Reel: 015795 Frame(s): 0589
From:	Scimed Life Systems, Inc	. To: Boston Scientific Scimed, Inc.
Recordation Date:	November 6, 2006	Reel: 018505 Frame(s): 0868